



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING
SUSSEX COUNTY (302)739-5487 TIME: 6:15 P.M. TO 7:15 P.M.



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf

The test will be conducted and monitored by a Registered Nurse who will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Current Photo ID is required to attend the session.**

There is a **Non-Refundable** fee of **\$10.00 per person** payable by money order with this Registration Form. Child care centers, please list the names of staff and date of birth of those attending, to attend on a separate page. Only those individuals who are at least 18 of age, who are employed with a licensed facility, have prepaid, and are pre-registered will be permitted to attend. Please select an alternate date for which you could attend. You are registered for your first choice unless otherwise notified. A new registration slip and additional money order is required if you fail to attend or if you reschedule your test.

SUSSEX COUNTY TESTING LOCATION →
DO NOT MAIL THIS REGISTRATION FORM TO THIS ADDRESS (SEE INSTRUCTIONS BELOW)

BEGINNING IN AUGUST TESTING WILL BE AT:
MILTON PUBLIC LIBRARY
121 UNION STREET
MILTON DELAWARE 19968

Wednesday, January 21, 2015	Wednesday, March 18, 2015	Wednesday, May 13, 2015
Wednesday, August 19, 2015	Wednesday, September 16, 2015	Wednesday, October 21, 2015

REGISTRATION SLIP FOR SUSSEX COUNTY [PLEASE PRINT LEGIBLY]

NAME:	(PRINT LEGIBLY)	YOUR PHONE #:		DOB:	
YOUR EMAIL ADDRESS:					
STREET ADDRESS:		CITY/STATE/ZIP:			
IF YOU WORK FOR A CENTER:				CENTER PHONE #:	
NAME OF CENTER:					
TESTING DATE: 1 ST CHOICE		2 ND CHOICE			

MAKE MONEY ORDERS PAYABLE TO: STATE OF DELAWARE/DFS

➤ **NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY** ◀

**MONEY ORDER MUST BE COMPLETED IN FULL,
WITH YOU NAME, ADDRESS & YOU MUST SIGN
THE MONEY ORDER - INCOMPLETE MONEY
ORDERS WILL BE RETURNED.**

Detach and mail registration to:
**OFFICE OF CHILD CARE LICENSING
821 SILVER LAKE BLVD, SUITE 103
DOVER, DELAWARE 19904**

\$10.00 PER PERSON